



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services  
255 Rockville Pike, 2<sup>nd</sup> Floor  
Rockville, Maryland 20850  
240-777-3986 Fax 240-777-3088

### APPLICATION FOR PRIVATE EDUCATIONAL INSTITUTION

Application is hereby made for a license to operate a Private Educational Institution  
in Montgomery County, Maryland.

New ☐

Renewal ☐

TODAY'S DATE \_\_\_\_\_

(Please Print)

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

*(Location of school)*

*Street Number and Street Name*

Telephone Number: \_\_\_\_\_

*city*

*state*

*zip code*

*include area code*

Mailing Address If Different: \_\_\_\_\_

*Street Number and Street Name*

*city*

*state*

*zip code*

Type Of Facility: ☐ Nursery ☐ Kindergarten ☐ Elementary (state grades) \_\_\_\_\_

☐ Secondary (state grades) \_\_\_\_\_ ☐ Post secondary (specify area of instruction) \_\_\_\_\_

☐ Tutoring ☐ Vocational (specify dance, arts, etc.) \_\_\_\_\_

Owner or Corporation Name (please print): \_\_\_\_\_

Accredited by State Department of Education? ☐ Yes ☐ No

Maximum number of students at any one time: \_\_\_\_\_ Number of students enrolled: \_\_\_\_\_

Do you intend to prepare/serve meals? ☐ Yes ☐ No (Bag and snacks are excluded from food service license)

Water supply: ☐ Public ☐ Private

Sewerage: ☐ Public ☐ Private

Days and Hours of Operation: \_\_\_\_\_

#### NEW FACILITIES OR CHANGE OF LOCATION FOR EXISTING FACILITIES:

1. Anticipated date of opening or change of location: \_\_\_\_\_
2. Person to contact to arrange for an inspection: \_\_\_\_\_  

*Name**Daytime Phone Number*
3. Attach a copy of the Use and Occupancy permit for school use to this application. To obtain, call the Office of Use and Occupancy, 240-777-6240.
4. Attach a copy of the Fire inspection approval call 240-777-2457 to schedule for a fire inspection with the Fire Prevention Bureau/Fire Marshal office.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Fee Information: *Please refer to Private Educational Institution Fact Sheet*

Submit completed application and application fee to Licensure and Regulatory Services, 255 Rockville Pike, 2nd Floor, Rockville, Maryland 20850 - Payment must be made by check or money order payable to "Montgomery County, Maryland". ***We are unable to accept cash payments.***

#### OFFICE USE ONLY

Receipt Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date Expires: \_\_\_\_\_

Check/Money Order Number: \_\_\_\_\_

Record Number: \_\_\_\_\_